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ABSTRACT

The importance of systematic assessment of target behavior in the development of an assessment strategy for children is the cornerstone by which many parent-mediated interventions are conducted. To determine current practices of parent/child assessment and evaluation of treatment, directors of 112 community mental health clinics were surveyed. They rated the frequency of use of various assessment procedures, and compared systematic observation (defined as recordings of target behavior during parent-child interation) with other current assessment methods. Results indicated that informal and unsystematic methods of assessment, i.e., case notes, informal clinic observation and verbal or written reports by others, are the most commonly used. Systematic observation was judged to have a moderate advantage over other methods, especially the provision of clear directions for treatment and usefulness with children below age five, but was found to be least cost effective. Behavioral observation procedures currently have limited utility in applied settings, even though the data would be useful. (JAC)

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A Survey of Parent/Child Assessment Practices in Applied Settings

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A SURVEY OF PARENT/CHILD ASSESSMENT

PRACTICES IN APPLIED SETTINGS

Abstract

This project involved a survey of 680 community mental health centers in the United States to determine current practices of parent/child assessment and evaluation of treatment. Directors of clinical services rated the frequency of use of various assessment procedures, and compared systematic observation with other current assessment methods used at their facility in terms of several criteria relevant to valid and reliable information. A sample of 112 surveys was returned, and indicated that informal and unsystematic methods of assessment for parent/child problems are the most commonly employed. Although systematic observation was judged advantageous on many dimensions, cost effectiveness was a major drawback. The need to modify the research-supported observational methods for use in applied settings was suggested by these findings.

A SURVEY OF PARENT/CHILD ASSESSMENT PRACTICES IN APPLIED SETTINGS

Statement of the Problem

Parent/child conflicts are a very common referral to mental health facilities. Surveys indicate that from one-third to one-half of all child referrals from parents and teachers concern behaviors which can generally be described as "out of control" or "conduct disordered" (Patterson, Reid, Jones, & Conger, 1975). Furthermore, other referral problems such as hyperactivity and learning disabilities also involve conduct related problems that are seen by mental health professionals and require intervention with the parent and the child, at a minimum (Barclay, 1981). Given the large number of families who are seeking mental health services for assistance in dealing with their young child, it is not surprising that much effort has been focused on cost-effective approaches to parent/child problems in recent years.

The role of assessment in the treatment of childrearing problems has been receiving increasing attention in order to readily determine whether a problem exists, how to treat it, and whether the treatment has been effective (Forehand & McMahon, 1981). Assessments include interviews, parent-recorded data, questionnaires, and direct observations in the home or clinic, and each of these assessment modalities provides unique information on various aspects of the parent/child relationship.

The importance of systematic assessment of target behavior in the development of an assessment strategy for children is the cornerstone by which many parent-mediated interventions are conducted (Mash, 1981). Unfortunately, there is a disparity between the literature which recommends the use of systematic

observation with parents and children and the extent to which this is realized in practice. This may be largely due to the extreme difficulty of carrying out behavioral assessments with each family individually in applied settings, since the cost/benefit may not justify the time and money required to conduct family observations (Graziano, 1975). Thus, mental health facilities may be evaluating the needs and changes of the family in a manner that has questionable validity, reliability, or practical significance. The present study was conducted to determine what methods of parent/child assessment are currently being used in mental health facilities, and to determine the clinician's view of the utility of systematic observational procedures in their applied setting.

Procedures

A four-page questionnaire was mailed to directors of clinical services at 680 community mental health centers in June of 1981. The items asked for estimates of the frequency of use of various assessment procedures with parent/child conflicts, childhood disorders, and problems involving adults and children in their facility, rated on a five-point scale from (1) 50% or more often, to (5) less than 5%. Respondents were also asked to compare other current evaluation methods with systematic observation procedures in terms of several criteria (e.g., reliability, validity, ease of data collection) on a scale from (1) Strong Advantage, to (5) Strong Disadvantage. Systematic observation was defined as recordings of target behaviors during parent/child interaction. Descriptive information on the types of services planned or provided and the number of clients seen per month was also requested.

Results

From the original mailing of 680 questionnaires, 112 surveys were completed

and 28 surveys were returned by the post office, resulting in a 17% return rate[1]. Information on the types of facilities responding suggests that these surveys were representative of different types of mental health centers across the U.S. Most of the centers estimated that 20-50% of their ongoing cases were family-related problems (excluding primarily marital problems), and the majority of their current services related to children fell into individual or family approaches to therapy/counseling.

Table 1 presents the estimated frequency of use for various assessment procedures. These data indicate that case notes are a frequently used method to assess the needs and progress of family members (e.g., 78% of the respondents use case notes with more than 50% of their clients, with a mean rating of 1.4). Other informal methods were also reported as commonly used: informal observation in the clinic ($\bar{x}$=2.6), and verbal/written report by others ($\bar{x}$=2.7). Table 1 also shows that systematic observation in the clinic and at home, informal observations at home, and parent ratings of treatment effectiveness are used considerably less often for assessment ($\bar{x}$= 3.7, 4.7, 4.4, 4.2, respectively).

Table 2 provides an estimate of the purpose served by either systematic or informal observation in these settings. These data reveal that observation is commonly employed to assess parent changes, child changes, to evaluate overall treatment effectiveness, and (to a lesser extent) as a measure of generalization and maintenance. Although these results indicate that observational procedures are often used, the results reported above (Table 1) suggest that the respondents are likely referring to informal observation of clients in the clinic.

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[1] A 5-week Canadian mail strike began shortly after the surveys were mailed, which resulted in many completed surveys being returned to the U.S.

Table 3 provides clinician's views of the advantages and disadvantages of systematic observation in comparison to other evaluation methods they employ with families. Overall, systematic observation was judged to have a moderate advantage over other methods. The strongest advantages were the provision of clear directions for treatment ($\bar{x}$=1.7) and usefulness with children below age 5 ($\bar{x}$=1.6). Systematic observation was judged to be least advantageous in terms of cost-effectiveness ($\bar{x}$=2.8).

Conclusions

The current survey of mental health centers' use of various assessment modalities suggests that, in general, informal and unsystematic methods of assessing parent/child problems are the most commonly employed. An important finding from the present study was that respondents view systematic observation to be more advantageous than other assessment methods in terms of several important assessment criteria, and indicated that the cost effectiveness may be the factor which prohibits them from employing these methods more often in their facilities. These data support the assumptions reported in the literature that behavioral observation procedures currently have limited utility in applied settings, even though the data would be very beneficial to clinical services. Improving the uniformity of observational assessment procedures and developing more cost-efficient recording methods are suggestions to be pursued from these findings.

REFERENCES

Barclay, R.A. Hyperactivity. In E.J. Mash & L.G. Terdal (Eds.), Behavioral assessment of childhood disorders. New York: Guilford Press, 1981.

Forehand, R.L., & McMahon, R.J. Helping the noncompliant child: A clinician's guide to parent training. New York: Guilford Press, 1981.

Graziano, A.M. Reduction of children's fears. In A.M. Graziano (Ed.), Behavior therapy with children (Vol 2). Chicago: Aldine, 1975.

Mash, E.J. Behavioral assessment of childhood distrubance. In E.J. Mash & L.G. Terdal (Eds.), Behavioral assessment of childhood disorders. New York: Guilford Press, 1981.

Patterson, G.R., Reid, J.B., Jones, R.R., & Conger, R.E. A social learning approach to family intervention. Eugene, Oregon: Castalia, 1975.

TABLE 1

Estimated frequency of use of assessment procedures in mental health centers (N=112, rows in percentages).

	Frequency of Use						
	>50% (1)	35-50% (2)	20-35% (3)	5-20% (4)	<5% (5)	mean rating	S.D.
Type of Assessment Procedure							
Case Notes	78	10	5	4	3	1.4	.9
Self-recordings	16	21	21	24	18	3.1	1.4
Tests/questionnaires	11	16	23	28	22	3.3	1.3
Informal Observation (Clinic)	31	22	17	20	10	2.6	1.4
Systematic observation (Clinic)	10	17	11	20	42	3.7	1.4
Collateral Report	27	20	20	27	6	2.7	1.3
Parent Ratings	6	1	11	32	50	4.2	1.1
Informal Observation (Home)	1	4	6	27	62	4.4	.9
Systematic Observation (Home)	2	4	1	10	83	4.7	.9

TABLE 2

Estimated use of observation with families (informal and systematic) for several assessment purposes (N=112, rows in percentages).

	Frequency of Use						
	>50% (1)	35-50% (2)	20-35% (3)	5-20% (4)	<5% (5)	mean rating	S.D.
Purpose of Observational Assessment							
Meaure Parent Change	37	20	19	15	9	2.4	1.4
Measure Child Change	46	22	17	11	4	2.1	1.2
Overall Program Evaluation	23	24	20	13	20	2.8	1.4
Measure generalization & Maintenance	17	22	20	19	22	3.1	1.4

TABLE 3

Advantages/Disadvantages of systematic observation compared to other current evaluation methods with families across assessment criteria (N=112, rows in percentages).

	Advantage of Systematic Observation						
	Strong Adv. (1)	Moderate Adv. (2)	Little or No Adv. (3)	Moderate Disadv. (4)	Strong Disadv. (5)	Mean ratings	S.D.
Assessment Criteria							
Reliability	33	49	11	6	1	1.9	.9
Validity	28	49	17	5	1	2.0	.9
Cost Effectiveness	22	23	22	18	15	2.8	1.4
Ease of Collection	19	40	21	14	6	2.5	1.1
Direction for Treatment	39	50	11	0	0	1.7	.7
Useful for kids <5	51	40	7	2	0	1.6	.7
Useful for kids 5-10	28	61	11	0	0	1.8	.6
Useful for kids >10	25	53	18	4	0	2.0	.8
Treatment effectiveness	23	68	9	0	0	1.9	.5